## COLORADO FERMENTED MALT BEVERAGE (3.2% BEER) LICENSE APPLICATION

☐ NEW LIC	ENSE TRAI	NSFER OF	OWNERSHIP [	LICENSE	RENEWA	\L			
ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN     APPLICANT MUST CHECK THE APPROPRIATE BOX(ES)     LOCAL LICENSE FEE \$      APPLICANT SHOULD OBTAIN A COPY OF THE COLORADO LIQUOR AND BEER CODE (Call 303-370-2165)							DO NOT WRIT	E IN THIS SPACE	
Applicant is applying as a									
Corporation			Partnership (include	es Limited Li	iability and	Husband and	d Wife Partne	erships)	
☐ Individual ☐ Limited Liability Company ☐ Association or Other									
2. Applicant(s) If an	LLC, name of LLC; if	partnership, a	at least 2 partners' na	mes; if corpor	ation, name	of corporation	Fein Number		
2a. Trade Name of Es	stablishment (DBA)			State Sales Tax No. Business Telephone			ephone		
3. Address of Premises (specify exact location of premises)									
City			County	State			ZIP Code		
4. Mailing Address (Number and Street)			City or Town		S	State	tate ZIP Code		
·			e, you MUST answer				<u> </u>	5	
Present Trade Name o	Present State Lie	cense No. Present Class of License Present Expiration D			ration Date				
LIAB SECTION A NONREFUNDABLE APPLICATION FEES				LIAB	SECTIO	N B 3.2% BEER LICENSE FEE			
2300 Application Fee for New License			\$ 1,025.00	2121			Premises (City) Premises (Cour		
2302 Application Fee for New License - w/Concurrent Review			\$ 1,125.00	2122			Premises (City)		
2310 Application Fee for Transfer \$ 1,025.0			\$ 1,025.00	2125 Retail 3.2% Beer Off-Premises (County) \$ 117.50				nty) \$ 117.50	
				2123 Retail 3.2% Beer On/Off Premises (City) \$ 96.25					
				2126 Retail 3.2% Beer On/Off Premises (County) \$ 117.50					
				2370 Master File Location Fee \$ 25.00 x Total					
				2375 Master File Background \$ 250.00 x Total					
	DO NO	WRITE IN 1	THIS SPACE - FOR D		T OF REVE	NUE USE ONI	_Y		
T		<u> </u>	LIABILITY INI	FORMATION		<u> </u>		I i a mana I a mana di Thurana h	
County City Industry Typ		Type Licen:	License Account Number		Liability Date FROM		License Issued Through (Expiration Date) TO		
State City 750 (999) 2180-100 (999)			County 2190-100 (999)						
Cash Fund New License 2300-100 (999)			2310	Cash Fund Transfer License 2310-100 (999)			ТОТА	L	
								•	

## APPLICATION DOCUMENTS CHECKLIST AND WORKSHEET

**Instructions**: This check list should be utilized to assist applicants with filing all required documents for licensure. **All** documents must be properly signed and correspond with the name of the applicant exactly. **All** documents must be typed or legibly printed. Upon final State approval the license will be mailed to the local licensing authority. Application fees are nonrefundable.

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ITEI	MS SUBMITTED, PLEASE CHECK ALL APPROPRIATE BOXES COMPLETED OR DOCUMENTS SUBMITTED
I.	APPLICANT INFORMATION  A. Applicant/Licensee identified.  B. State sales tax license number listed or applied for at time of application.  C. License type or other transaction identified.  D. Return originals to local authority.  E. Additional information may be required by the local licensing authority.
II.	DIAGRAM OF THE PREMISES  A. No larger than 8 1/2" X 11".  B. Dimensions included (doesn't have to be to scale). Exterior areas should show control (fences, walls, etc.).  C. Separate diagram for each floor (if multiple levels).  D. Kitchen - identified if Hotel and Restaurant.
III.	PROOF OF PROPERTY POSSESSION  A. Deed in name of the Applicant ONLY (or)  B. Lease in the name of the Applicant ONLY.  C. Lease Assignment in the name of the Applicant (ONLY) with proper consent from the Landlord and acceptance by the Applicant.  D. Other Agreement if not deed or lease.
IV.	BACKGROUND INFORMATION AND FINANCIAL DOCUMENTS  A. Individual History Record(s) (Form DR 8404-I).  B. Fingerprints taken and submitted to local authority. (State authority for master file applicants.)  C. Purchase agreement, stock transfer agreement, and or authorization to transfer license.  D. List of all notes and loans.
V.	CORPORATE APPLICANT INFORMATION (If Applicable)  A. Certificate of Incorporation (and/or)  B. Certificate of Good Standing if incorporated more than 2 years ago.  C. Certificate of Authorization if foreign corporation.  D. List of officers, directors and stockholders of parent corporation (designate 1 person as "principal officer").
VI.	PARTNERSHIP APPLICANT INFORMATION (If Applicable)  A. Partnership Agreement (general or limited). Not needed if husband and wife.
VII.	LIMITED LIABILITY COMPANY APPLICANT INFORMATION (If Applicable)  A. Copy of articles of organization (date stamped by Colorado Secretary of State's Office).  B. Copy of operating agreement.  C. Certificate of Authority (if foreign company).
VIII. APPI	MANAGER REGISTRATION FOR HOTEL AND RESTAURANT, TAVERN LICENSES WHEN INCLUDED WITH THIS LICATION  A. \$75.00 fee.  B. Individual History Record (DR 8404-I).

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6.	Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stock-holders or directors if a corporation) or manager under the age of twenty-one years?						
7.	<ul> <li>7. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state);</li> <li>(a) been denied an alcohol beverage license?</li> <li>(b) had an alcohol beverage license suspended or revoked?</li> <li>(c) had interest in another entity that had an alcohol beverage license suspended or revoked?</li> <li>If you answered yes to 7a, b or c, explain in detail on a separate sheet.</li> </ul>						
8.	Has a 3.2 beer license for the premises to be license	ensed been denied	d within the preceding one year?	If "yes," explain	in detail.	Yes No	
9.	9. Has a liquor or beer license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.						
10.	<ul> <li>Does the Applicant, as listed on line 2 of this application, have legal possession of the premises by virtue of ownership, lease or other arrangement?</li> <li>Ownership</li> <li>Lease</li> <li>Other (Explain in Detail)</li> </ul>						
a. If	f leased, list name of landlord and tenant, and dat	e of expiration, EX	ACTLY as they appear on the lea	ise:			
	Landlord Tenant Expires						
Attach a diagram and outline or designate the area to be licensed (including dimensions) which shows the bars, brewery, walls, partitions, entrances, exits and what each room shall be utilized for in this business. This diagram should be no larger than 8 1/2" X 11". (Doesn't have to be to scale)							
11. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business.  Attach a separate sheet if necessary.							
	Name Date of Birth FEIN or SSN Interest						
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.							
					Dat	e of Birth	
12.	Name of Manager for all on and on/off applica	ants					
13.	13. Does this manager act as the manager of, or have a financial interest in, any other liquor licensed establishment in the State of Colorado? If yes, provide name, type of license and account number.						
14. <b>Tax Distraint Information.</b> Does the applicant or any other person listed on this application and including its partners, officers, directors, stockholders, members (LLC) or managing members (LLC) and any other persons with a 10% or greater financial interest in the applicant currently have an outstanding tax distraint issued to them by the Colorado Department of Revenue?  If yes, provide an explanation and include copies of any payment agreements.							

15. If applicant is a corporation, partners GENERAL PARTNERS, AND MANA SHIP OF 10% OR MORE IN THE AF Record), and submit finger print card	GING MEMBE PPLICANT. ALL	RS. In addit	ion applicant <b>must list</b> any stockh S LISTED BELOW must also attac	nolders, partners	, or members with	h OWI	NER-
Name Home	Address, City 8	& State		Date of Birth	Position	% O\	wned*
* If total ownership percentage discl Applicant affirms that no individual,							
Additional Documents to be submitted	ted by type o	f entity					
CORPORATION Cert. of In PARTNERSHIP Partnershi LIMITED LIABILITY COMPANY ASSOCIATION OR OTHER Attack	ip Agreement (0	General or L Organizatio	n Cert. of Authority (if for	ife partnership (r eign company)	f Auth. (if a foreigr no written agreeme Derating	ent)	
Registered Agent (if applicable)		Ad	dress for Service				
		OATH C	F APPLICANT				
I declare under penalty of perjury in to the best of my knowledge. I also to comply with the provisions of the	acknowledge	that it is r	ny responsibility and the resp	onsibility of m			
Authorized Signature	Title				Date		
REPORT AND A	APPROVAL	OF LOCA	L LICENSING AUTHORIT	Y (CITY/COU	INTY)		
Date application filed with local authority	У		Date of local authority hearing ( than 30 days from date of applic			ot be	less
THE LOCAL LICENSING AUTHORITY H	EREBY AFFIRI	MS:					
That each person required to file DR 8404-I (Individual History Record) has:  Been fingerprinted						Yes	No
Been fingerprinted						🔲	
Been subject to background investigation, including NCIC/CCIC check for outstanding warrants							
That the local authority has conducted, or i compliance with, and aware of, liquor code		•				🗌	
(Check One)							
☐ Date of Inspection or Anticipated Date			<del></del>				
Upon approval of state licensing author	ority.						
The foregoing application has been exa We do report that such license, if grante and will comply with the provisions of	ed, will meet the	reasonabl	e requirements of the neighborho	od and the desi	res of the adult inl		-
Local Licensing Authority for			Telephone Number		TOWN, CITY		
Signature							
	Title			Date	COUNTY		
Signature (attest)	Title			Date	COUNTY		